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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application / Conf. No.	10/698,690 / 1910
Mail Stop: Office of Initial Patent Examination		Filing Date	October 31, 2003
		First Named Inventor	Robert O. Conn
		Examiner Name	Unknown
		Art Unit	2831
Express Mail Receipt No.		Patent No.	
Total Number of Pages in This Submission		Attorney Docket Number	X-1416-1 US

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Amendment / Reply <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit(s)/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Change Status to LARGE ENTITY <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <ul style="list-style-type: none"> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet) <input type="checkbox"/> Declaration / Oath <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition - <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Firm or Customer Number	24309		Reg. Number 37,652
Attn:	Kim Kanzaki		(Customer Number)
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Date	March 25, 2004		Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

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		Date	March 25, 2004

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PATENT

IN THE UNITED STATES PATENT OFFICE

Applicant: Robert O. Conn
Assignee: Xilinx, Inc.
Title: "Capacitive Interposer"
Serial No.: 10/698,690 File Date: 10-31-03
Examiner: Unknown Art Unit: 2831
Docket No.: **X-1416-1 US** Conf. No.: 1910

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Office of Initial Patent Examination's
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REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Applicant requests a corrected Filing Receipt in the above identified patent application, for the following:

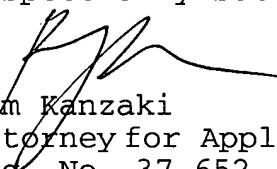
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Respectfully submitted,


Kim Kanzaki
Attorney for Applicant
Reg. No. 37,652

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APPL NO.	FILING OR 371 (C) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/698,690	10/30/2003	2831	874	X-1416-1 US	16	21	4

10/31/2003

24309
XILINX, INC
ATTN: LEGAL DEPARTMENT
2100 LOGIC DR
SAN JOSE, CA 95124



CONFIRMATION NO. 1910

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OC000000011822482

Date Mailed: 02/03/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Robert O. Conn, Los Gatos, CA;

Assignment For Published Patent Application

Xilinx, Inc., San Jose, CA;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted: 02/03/2004

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

Title

Capacitive interposer

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P. O. Box 1450

Alexandria, Virginia 22313-1450

Inventor(s): Robert O. Conn

Assignee: XILINX INC.

Title: Capacitive Interposer

Docket No.: X-1416-1 US

Enclosed:

52 page(s) Specification which includes: 05 page(s) Claims and 1 page Abstract
 16 page(s) Drawings (Normal)
 02 page(s) Application Data Sheet
 01 page(s) Declaration [signed]
 01 page(s) Assignment
 X Transmittal Letter and Fee Transmittal Sheet (IN DUPLICATE)
 X Non-Publication Request
 X Return Receipt Postcard
 X Other: Substitute for Form 1449A/PTO citing four (4) references; copy of three (3) NOTES TOP XILINX, INC. DEPT.
Date: October 31, 2003 VIA EXPRESS MAIL NO. EV 000334264 US
Agent/Sec: KK/pbs

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